

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-3067

Cosmetology Type 1 Application

COSMETOLOGY TYPE 1 APPLICANTS **INSTRUCTION SHEET**

Aestheticians should not complete this application. You must request the Type 6 application to upgrade an aesthetic license.

A COMPLETED APPLICATION MUST INCLUDE:

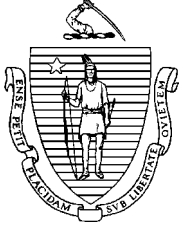
- A notarized affidavit certifying:
 - a) the date you started and stopped working for each employer
 - b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.
 - c) **two full years** (24 months) of practical work experience -- **the Board will not consider any work experience:**
 - **Obtained prior to becoming licensed in the field of cosmetology**
 - **If you have been working anywhere but a salon licensed by the Massachusetts Cosmetology Board**
 - **Obtained in another state**
- A small 2" x 2" photo
- A money order for made payable to the Commonwealth of Massachusetts (no personal checks accepted)
- A copy of your current operator's license. Your license **must be active**, an expired status will deem you ineligible to upgrade. If you need to renew your operator's license you must mail your original renewal with a **separate** money order.

Retain copies of all paperwork submitted

Please be advised all application fees are non-refundable.

Normal application processing time for complete applications is between 3-4 weeks.

Any incomplete application will be returned.



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Cosmetology Type 1 Application-Fee \$68.00

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2 " X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____

8. Email Address: _____

9. Social Security Number (**Mandatory**): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

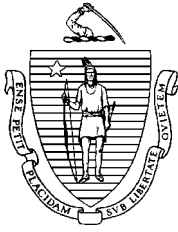
14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

16. Present Employer _____
17. Beauty School Attended _____
Name & Address of School
Date Started: _____ Date Finished: _____
18. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date



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**Affidavit must be completed by Type 1 manager of salon and add up to 2 full years
(24 months) of practical work experience**

EMPLOYER'S AFFIDAVIT

I hereby certify that I am a registered cosmetologist _____
manager's name & license number

in good standing in the Commonwealth of Massachusetts and that

_____ was employed by me (full or part) time under my
applicant's name

supervision from _____ to _____.
month/day/year month/day/year

CIRCLE TYPE OF SALON EMPLOYED AT:

FULL SERVICE SALON TYPE 1 MANICURING SALON TYPE 3
BOOTH RENTER SALON TYPE 4 AESTHETIC SALON TYPE
5

Signed: **Name of Salon Manager** _____
 Address _____
 City & State _____ Telephone # _____
 Salon Name _____ Salon License # _____

THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES

Signed under penalties of perjury this _____ day of _____ 20 ____

THIS SECTION TO BE COMPLETED BY APPLICANT

I _____ hereby certify that I am a registered
cosmetologist in good standing in the Commonwealth of Massachusetts and that my
license number is _____ and the expiration date is _____.
month/day/year

Signature of applicant _____

Name of Notary Public _____

Date Commission expires _____

Seal